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for
MARRIAGE

by

Millard S. Everett

Professor of Philosophy

Roosevelt College

Department of Philosophy

ROOSEVELT COLLEGE

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A STUDY OF

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Estudios Sobre Niños De Otras Civilizaciones
Aspecto Puericultor De La Antropología Moderna

Los estudios sistematizados sobre las leyes del desarrollo humano desde la concepción hasta la adolescencia, son relativamente recientes. Durante el siglo pasado, cuando la puericultura empezaba a definirse como ciencia, varios autores estudiaron las características de crecimiento y manifestaciones de conducta de la infancia humana. Las ideas de Darwin dieron un nuevo interés al estudio del niño, y muchas ciencias modernas, como la psiquiatría y sociología, empezaron a mirar a la infancia como la base y clave del estudio del hombre.

Sin embargo, los estudios realizados en 1800 son bastante escasos y se refieren principalmente a observaciones realizadas sobre un solo niño o un pequeño grupo de niños. De los datos recogidos se desprendieron varios principios generales en los cuales se basaba el credo puericultor de la época.

Más tarde, el progreso general social-industrial-científico, dió nuevo estímulo a los estudios de este tipo. Aparecieron numerosos investigadores en varios países de Europa y América, se formaron escuelas, se metodizó la investigación y se inició la experimentación en gran escala.

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Aspecto Puericultor De La Antropología Moderna

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"INFORMACION PUERICULTORA"
No. 87 - Jan. 20, 1946

#8

NIÑOS CIEGOS: SU EDUCACION Y ENTRENAMIENTO EN GUARDERIAS ESPECIALES

El número de niños ciegos, varía mucho entre los distintos paises. Allí donde se ha establecido, en la ley y en la práctica, la costumbre de tratar los ojos del recién nacido con nitrato de plata para evitar una posible infección, los casos de ceguera entre la infancia han disminuido mucho. En los Estados Unidos el número de niños ciegos es comparativamente bajo, pero se encuentran aún niños pequeños privados de la vista, ya por causas congénitas, ya adquiridas.

La ceguera, si no se hace nada para compensarla, ejerce efectos perniciosos sobre el desarrollo general del niño. Por una parte limita mucho su experiencia con el mundo exterior: el chiquito ciego no puede aprender a volver la cabeza hacia la luz, a reconocer una persona por su imágen, a calcular las distancias con la vista, a familiarizarse con una habitación o con objetos por medio de la actividad visual.
Si se cae la pelota de sus manos, el bebé ciego no tiene el estímulo de verla a poca distancia y se le hace difícil recobrarla.

La mayoría de los motivos que impulsan a un niño normal a gatear y a corretear por la habitación, no existen para el cieguecito. La tendencia al aislamiento y extrema

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"INFORMACION PUERICULTORA"
No. 87 - Jan. 20, 1946

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No. 88 - January 27, 1946

Servicios federales de maternidad e infancia: Programa durante la guerra, proyecto de post-guerra

Durante los años de guerra, miles de jóvenes de los Estados Unidos, contrayeron matrimonio antes de ingresar en las filas del ejército, o antes de salir para los frentes de batalla. Con una parte de su paga, a la que el Gobierno añadía otra cantidad, el soldado contribuía a mantener su familia y a menudo la joven esposa aseguraba la situación financiera trabajando en las fábricas de guerra, en el campo, en las profesiones. Sin embargo, los problemas de la gestante y de la madre que trabajan, son más de uno: afortunadamente el Gobierno Federal les ayudó a solicionar uno de ellos.

En efecto, a partir del mes de marzo de 1943, se inauguró un programa llamado de "emergencia", para la protección de la Maternidad e Infancia, gracias al cual, cada mujer de un miembro de los cuatro grados menores de las fuerzas armadas del tio Sam tiene derecho a lo siguiente:

Cuidados médicos completos durante todo el periodo de embarazo.

Asistencia médica durante el parto, y estancia en el hospital durante un promedio de nueve a diez días.

Cuidados médicos durante el puerperio.

Cuidados pediátricos al bebé durante todo su primer año de vida.....

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Cuidados médicos durante el puerperio.

Cuidados pediátricos al bebé durante todo su primer año de vida.....

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#12

A Letter to Parents

National Association for Retarded Children

By permission of Miss Bernice Grannon, Director, Bureau of Mentally Handicapped Children, Chicago Board of Education, the National Association for Retarded Children reprints a sample letter as prepared by a teacher of "trainable mentally handicapped children," aged 11 to 14; the letter serves to illustrate both activities stressed in the classroom in implementation of the triple goals of self help, social adaptability, and economic usefulness, and also one of the mens by which the parents are related to the school program and encouraged to"carry over" school learnings into the home.

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RESPONSIBILITY FOR COSTS OF MAINTENANCE AND TRAINING IN PUBLIC INSTITUTIONS FOR THE MENTALLY RETARDED

A Study by the

Public Institutions Committee

of the

National Association for Retarded Children

(1958)

National Association for Retarded Children, Inc.
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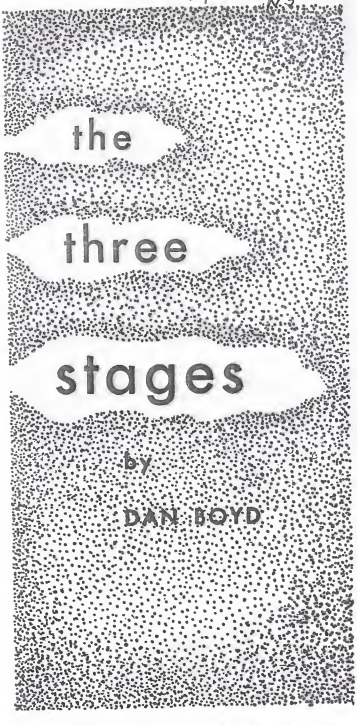

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A SUMMARY OF

"SHELTERED WORKSHOP QUESTIONNAIRE"

(A STUDY OF 56 MEMBER UNITS OF THE
NARC OPERATING SHELTERED WORKSHOPS
FOR THE MENTALLY RETARDED
1956-57

VOCATIONAL REHABILITATION AND SHELTERED WORKSHOP COMMITTEE
NATIONAL ASSOCIATION FOR RETARDED CHILDREN, INC.

January, 1959

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NEW HORIZONS IN RESIDENTIAL CARE OF THE MENTALLY RETARDED*

#1/6

by

Dr. Gunnar Dybwad, Executive Director
National Association for Retarded Children

It shall be my purpose here to discuss an outline of some of the changes and developments we need to expect in the residential care for the mentally retarded. Some of these matters may seem far distant from reality in one State, yet may already be partially in the process of establishment in another State. In my constant travels across the country I have opportunity to observe the striking differences in practices between the various States, and this, of course, is as true in Mental Retardation as it is in other fields of human welfare.

I am well aware that in the 20 years of my acquaintance with Mental Retardation institutions tremendous progress has been made, and there is ample reason to recognize the valiant and outstanding efforts of the administration and the staffs of many of them. However, these institutions had suffered the neglect of many decades, and even after such valiant and outstanding efforts we still find, almost universally, quite serious deficiencies.

Institutional care in general is not well accepted these days. Nearly everywhere there are efforts to do away with long established large homes for children and homes for the aged. And so even in the field of mental retardation some people have maintained that as far as the future of State institutions for the mentally retarded is concerned that there is no basis to think of such future since "institutions are on their way out".

I most strongly disagree with this view. To be sure, we shall see many radical changes in our institutional patterns across the country, but we certainly will not only continue to need, but in my opinion will undoubtedly increase the use of facilities for residential group care of the mentally retarded. But what kind of facilities will be needed for what kind of group care?

---

*Address at 1959 Annual Convention, National Association for Retarded Children.

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RECOMMENDATIONS

CONCERNING THE MENTALLY HANDICAPPED

From the

1960 White House Conference on Children and Youth

(Reprinted from the Composite Report of Forum Findings)

National Association for Retarded Children, Inc.
386 Park Avenue South, New York 16, New York

June, 1960

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#19

THE ROLE OF THE MEDICAL SCHOOL IN ORIENTING THE MEDICAL PROFESSION TO THE NEEDS OF THE RETARDED *

by

Dr. Theodore Kushnick - Assistant Professor of Pediatrics
Seton Hall College of Medicine and Dentistry.

I have been asked to speak to you tonight on the topic of "The Role of the Medical School in Orienting the Medical Profession to the Needs of the Retarded." Immediately, I have to make several qualifications in this talk. First, any school that develops large departments of Pediatrics and Preventive Medicine will soon increase the number of roles that it plays in this problem; as there are more men to discuss it, there are more points of view. Quite naturally, the aspects of the problems of the retarded that may be of great interest to one man do not hold the same degree of interest for another worker in the field.

The next qualification that I have to make concerns the phrase "the needs of the retarded." This implies solely the needs of the presently retarded. My own feeling is that the Medical School has a vital role in orienting the professional community to the prevention of, and therapeutic aspects for, any future retarded children, as well as in teaching the care of the presently retarded.

Therefore, as I see it, the first teaching of this subject should be expressly from the point of view of definitive diagnosis of the various forms of mental retardation. As you people here are well aware, there are numerous causes of mental retardation. It is no longer just an academic point to try to arrive at a definite diagnosis, because the next most vital need is the attempt to pick out those diseases that are remediable and which can be helped or cured by early definitive treatment, thereby decreasing the number of future retardates. Although this group of diseases actually represents a small percentage of the entire field of mental deficiency, it is still most necessary that they are not missed. I think the medical school should distinctly try to arouse disquieting feelings for missing these diagnoses, realizing that impressionable young medical students and interns will carry away such feelings, and these will enable them to be more conscientious in their future days in practice.

What do we mean by remediable or preventable diseases? As I said before, I am well aware of, and acquainted with, the knowledge of the various aspects of mental retardation that has been acquired by groups such as yours. Therefore, I feel that I can mention these diseases in medical terms in an understanding atmosphere. This group of diseases would be comprised of children such as follows:

* presented at the 1960 Annual Dinner of the New Jersey Association for Retarded Children.

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#20

TRENDS AND ISSUES IN MENTAL RETARDATION

A Survey Paper prepared for the

1960 White House Conference on Children and Youth

by

GUNNAR DYBWAD

This paper has been published in the volume "Children and Youth in the 1960s", published in 1960 by the Golden Anniversary White House Conference on Children and Youth (page 263).

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WHAT WILL HAPPEN TO MY CHILD?

Some Suggestions for Parents Who Are Concerned with Providing Lifetime Protection for a Retarded Son or Daughter

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National Association for Retarded Children
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REHABILITATION LITERATURE

Published Monthly by
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Article of the Month

#24

Planning the Vocational Future of the Mentally Retarded

Current Trends in Community Programing

William A. Fraenkel, Ph.D.

About the Author . . .

Dr. Fraenkel has been staff consultant on vocational rehabilitation and sheltered workshops of the National Association for Retarded Children since 1958. He came to this position after 10 years of work in job training and placement, vocational counseling and guidance, and recreation and therapy for disabled, emotionally disturbed, and mentally retarded teen-agers and adults. Dr. Fraenkel was executive director of the Occupational Center of Essex County, N.J., a sheltered workshop for the retarded and other handicapped. Dr. Fraenkel holds a Ph.D. degree in educational psychology from New York University, where he studied occupational therapy and rehabilitation. A certified psychologist, he taught at the University and at Upsala College, East Orange, N.J.

This original article was written especially for Rehabilitation Literature.

IN THE FIELD OF REHABILITATION one cannot speak of a child without giving thought to his youth and adult life. So, too, with the mentally retarded child. If it is true that the child is father of the man, what happens to the child and his family assumes importance to all concerned, to all team members. This article will treat the retarded child and his future—adulthood.

The Retarded Adult in the Community

Today, increased knowledge of most aspects of mental retardation is becoming more readily accessible, more widely distributed, and more broadly understood. As a result, substantially more is being learned about the diagnosis, care, and treatment of the mentally retarded, and interchange of information is growing. The mentally retarded child of the 60's is healthier and better cared for and will live longer than the retarded child who preceded him a generation ago. More are to be found in our local communities. Saenger[1] revealed that many of the severely retarded can adjust far better in the community than we ever thought possible. He reported that almost two-thirds of the upper level of the trainable classification were living in the community (1,742 of a total of 2,640); 26 percent were institutionalized.

With increased numbers of adult retardates in local communities has come the necessity to provide needed programs and services. In the past generation it was both fashionable and practical to institutionalize retarded children. Parents were told time and time again, "It's no use"; "They'll be better off there"; "They belong there"; "There is nothing that can be done for your child"; "Institutionalize . . . institutionalize . . . institutionalize . . ." At that time, this kind of help and advice seemed appropriate.

It was true in most instances that *nothing could be done because not*

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A SELECTED BIBLIOGRAPHY ON RELIGION AND RELIGIOUS EDUCATION

I. PROTESTANT

1. An Introduction to a Program of Christian Education for the Religious Instruction of Mentally Retarded Children. Vermont Association for Retarded Children, P.O. Box 457, Bennington, Vermont, 1961, 15 pp., 70¢. (Provides techniques for religious instruction of the retarded child.)

2. Agee, J. Willard: The Minister Looks at Mental Retardation. Polk State School, Polk, Pa., 1959, 12 pp., single copy free. (A paper presented to a oonference of visiting clergymen.)

3. Agee, J. Willard: Through the Church Year with the Mentally Retarded: A Program of Christian Character Education. Polk State School, Polk, Pa., 1960, 8 pp., single copy free. (A study of religious education goals for the retarded.)

4. Agee, J. Willard: "Lest the Least Be Lost; Character Education of the Retarded," American Journal of Mental Deficiency, Vol. 63, No. 3, pp. 490-494 (Nov., 1958). (Curriculum development by the Union College-Character Research Project, Schenectady, N.Y.)

5. Albright, M. Arline and Schoenfeld, Lois A.: Wonder-Full. Milwaukee County Association for Retarded Children, 1426 W. State St., Milwaukee, Wis., 1959, 109 pp., $3.00. (An In-Service Teacher Training Guide.)

6. Albright, M. Arline and Schoenfeld, Lois A.: Foundation Lesson Series. Milwaukee County Association for Retarded Children, 1426 W. State St., 1959, $1.50 per set. (Teacher material to accompany Wonder-Full.)

7. Albright, M. Arline and Schoenfeld, Lois A.: Wonder-Full Activity Packet. Milwaukee County Association for Retarded Children, 1426 W. State St., 1959, 75¢. (Teaching material with instructions for the child's use.)

8. Auble, Mrs. Frank: Sunday School and Worship Service for the Mentally Retarded Children - Park Road Baptist Church. North Carolina Association for Retarded Children, 3534 Park Road, Charlotte, N.C., 1958, 8 pp., single copy free. (Provides suggestions for organizing Sunday School, recreation following

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A SELECTED BIBLIOGRAPHY FOR SOCIAL WORKERS ON MENTAL RETARDATION

*Useful to parents of retarded children

A. Books and Pamphlets

1. Adams, Margaret: The Mentally Subnormal: The Social Casework Approach. London: William Heinemann Medical Books Ltd., 1960, 271 pp., $3.50.

2. Blodgett, Harriet E. and Warfield, Grace J.: Understanding Mentally Retarded Children. New York: Appleton-Century-Crofts, Inc., 1959, 156 pp., $1.35.

3. *Boggs, Elizabeth: Decade of Decision, an evaluation report prepared by NARC for the 1960 White House Conference and Youth, (October, 1959), 25 pp. Available from NARC, 25¢.

4. *Buck, Pearl S.: The Child Who Never Grew. New York: John Day Company, 1950, 62 pp., $1.00.

5. *Chamberlain, Naomi H. and Moss, Dorothy H: The Three R's for the Retarded, 48 pp. Available from NARC, 50¢.

6. Clarke, A.M. and Clarke, A.D.B.: Mental Deficiency: The Changing Outlook. Glencoe, Ill.: The Free Press, 1958, 513 pp., $10.00.

7. Current Trends in Research, Programs and Services for the Mentally Retarded. Papers from the 86th Annual Forum of the National Conference on Social Welfare, San Francisco, 1959. Available from NARC, $1.00.

8. Davies, Stanley P.: The Mentally Retarded in Society. New York: Columbia University Press, 1958, 248 pp., $5.50.

9. DiMichael, Salvatore G.: Vocational Rehabilitation of the Mentally Retarded. Office of Vocational Rehabilitation, Service Series #123, 1958, 184 pp., Washington 25, D.C., 65¢.

10. *Dittman, Laura L.: The Mentally Retarded Child at Home. U. S. Children's Bureau, 1959. 99 pp. Available from NARC, 35¢.

11. *Ecob, Katherine G.: Deciding What's Best for Your Retarded Child. New York: N.Y. State Society for Mental Health, 1955, 14 pp.25¢.

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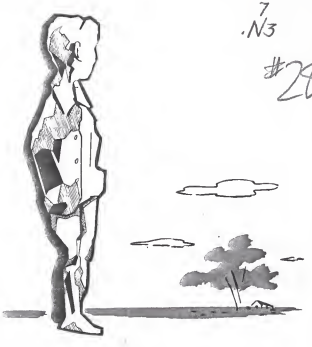

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a program for training the retarded child at home

The Three R's *for the retarded*

repetition
relaxation
and routine

by
naomi h. chamberlain
and
dorothy h. moss

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* Useful to parents of retarded children

BOOKS and PAMPHLETS

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SOME THOUGHTS

ON PLANNING DAY SCHOOLS

FOR RETARDED CHILDREN

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